

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85	/					
36							86	/	/				
37							87	/	/				
38							88	/	/				
39							89	/	/				
40							90	/	/				
41							91	/	/				
42							92	/	/				
43							93	/	/				
44							94	/	/				
45							95	/	/				
46							96	/	/				
47							97	/	/				
48							98	/	/				
49							99	/	/				
50							100	/	/				
TOTAL IND.							TOTAL IND.	6					
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

34,155

FILING DATE

APPLICANT(S)

Fitchell

Amended CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101						/	/ 51						/
102						/	/ 52						/
103						/	/ 53						/
104						/	/ 54						/
105						/	/ 55						/
106						/	/ 56						/
107						/	/ 57						/
108						/	/ 58						/
109						/	/ 59						/
110						/	/ 60						/
111						/	/ 61						/
112						/	/ 62						/
113						/	/ 63						/
114						/	/ 64						/
115						/	/ 65						/
116						/	/ 66						/
117						/	/ 67						/
118						/	/ 68						/
119						/	/ 69						/
120						/	/ 70						/
121						/	/ 71						/
122						/	/ 72						/
123						/	/ 73						/
124						/	/ 74						/
125						/	/ 75						/
126						/	/ 76						/
127						/	/ 77						/
128						/	/ 78						/
129						/	/ 79						/
130						/	/ 80						/
131						/	/ 81						/
132						/	/ 82						/
133						/	/ 83						/
134						/	/ 84						/
135						/	/ 85						/
136						/	/ 86						/
137						/	/ 87						/
138						/	/ 88						/
139						/	/ 89						/
140						/	/ 90						/
141						/	/ 91						/
142						/	/ 92						/
143						/	/ 93						/
144						/	/ 94				/		/
145						/	/ 95						/
146						/	/ 96						/
147						/	/ 97						/
148						/	/ 98						/
149						/	/ 99						/
150						/	/ 200						/
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

34,155

FILING DATE

4-27-79

APPLICANT(S)

Fischell

Amended CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201						/	251		/				
202						/	252		/				
203						/	253		/				
204						/	254		/				
205						/	255		/				
206						/	256		/				
207						/	257		/				
208						/	258		/				
209						/	259		/				
210						/	260		/				
211						/	261		/				
212						/	262		/				
213						/	263		/				
214						/	264		/				
215						/	265		/				
216						/	266		/				
217						/	267		/				
218						/	268		/				
219						/	269		/				
220						/	270		/				
221						/	271		/				
222						/	272		/				
223						/	273		/				
224						/	274		/				
225						/	275		/				
226						/	276		/				
227						/	277		/				
228						/	278		/				
229						/	279		/				
230						/	280		/				
231						/	281		/				
232						/	282		/				
233						/	283		/				
234						/	284		/				
235						/	285		/				
236						/	286		/				
237						/	287		/				
238						/	288		/				
239						/	289		/				
240						/	290		/				
241						/	291		/				
242						/	292		/				
243						/	293		/				
244						/	294		/				
245						/	295		/				
246						/	296		/				
247						/	297		/				
248						/	298		/				
249						/	299		/				
250						/	300		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
301						/	351						/
302						/	352						/
303						/	353						/
304						/	354						/
305					/	0	355						/
306						/	356						/
307						/	357						/
308						/	358						/
309						/	359						/
310						/	360						/
311						/	361						/
312						/	362						/
313						/	363						/
314						/	364						/
315						/	365						/
316						/	366						/
317						/	367						/
318						/	368						/
319						/	369						/
320						/	370						/
321						/	371						/
322						/	372						/
323						/	373						/
324						/	374						/
325						/	375						/
326						/	376						/
327						/	377						/
328						/	378						/
329						/	379						/
330						/	380						/
331						/	381						/
332						/	382						/
333						/	383						/
334						/	384						/
335						/	385						/
336						/	386						/
337						/	387						/
338						/	388						/
339						/	389						/
340						/	390						/
341						/	391						/
342						/	392						/
343						/	393						/
344						/	394						/
345						/	395						/
346						/	396						/
347						/	397						/
348						/	398						/
349						/	399						/
350						/	400						/
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
401							451						
402							452						
403							453						
404							454						
405							455						
406							456						
407							457						
408							458						
409							459						
410							460						
411							461						
412							462						
413							463						
414							464						
415							465						
416							466						
417							467						
418							468						
419							469						
420							470						
421							471						
422							472						
423							473						
424							474						
425							475						
426							476						
427							477						
428							478						
429							479						
430							480						
431							481						
432							482						
433							483						
434							484						
435							485						
436							486						
437							487						
438							488						
439							489						
440							490						
441							491						
442							492						
443							493						
444							494						
445							495						
446							496						
447							497						
448							498						
449							499						
450							500						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

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FILING DATE

APPLICANT(S)

Amended CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
501						/	51						/
502						/	52						/
503						/	53						/
504						/	54						/
505						/	55						/
506						/	56						/
507						/	57						/
508						/	58						/
509						/	59						/
510						/	60						/
511						/	61						/
512						/	62						/
513						/	63						/
514						/	64						/
515						/	65						/
16						/	66						/
17					/		67						/
18						/	68						/
19						/	69						/
20						/	70						/
21						/	71						/
22						/	72						/
23						/	73						/
24						/	74						/
25						/	75						/
26						/	76						/
27						/	77						/
28						/	78						/
29						/	79						/
30						/	80						/
31						/	81						/
32						/	82						/
33						/	83						/
34						/	84						/
35						/	85						/
36						/	86						/
37						/	87						/
38						/	88						/
39						/	89						/
40						/	90						/
41						/	91						/
42						/	92						/
43						/	93						/
44						/	94						/
45						/	95						/
46						/	96						/
47						/	97						/
48						/	98						/
49						/	99						/
50						/	600						/
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
60 1							51						/
2							52						/
3							53						/
4							54						/
5							55						/
6							56						/
7							57						/
8							58						/
9							59						/
10							60						/
11							61						/
12							62						/
13							63						/
14							64						/
15							65						/
16							66						/
17							67						/
18							68						/
19							69						/
20							70						/
21							71						/
22					/		72						/
23							73						/
24							74						/
25							75						/
26							76						/
27							77						/
28							78						/
29							79						/
30							80						/
31							81						/
32							82						/
33							83						/
34							84						/
35							85						/
36							86						/
37							87						/
38							88						/
39							89						/
40							90						/
41							91						/
42							92						/
43							93						/
44							94						/
45							95						/
46							96						/
47							97						/
48							98						/
49							99						/
50							100						/
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
701							51						
702							52						
703							53						
704							54						
705							55						
706							56						
707							57						
708							58						
709							59						
710							60						
711							61						
712							62						
713							63						
714							64						
715							65						
716							66						
717							67						
718							68						
719							69						
720							70						
721							71						
722							72						
723							73						
724							74						
725							75						
726							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

034 155 4-27-79
Fitchell

Amst B Amst D CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/		/			
2		/		/			52		/		/		
3		/		/			53		2		2		
4		/		/			54		2		2		
5		/		/			55			/			
6		/		/			56				/		
7		/		/			57				/		
8		/		/			58				/		
9		/		/			59				/		
10		/		/			60				/		
11		2		2			61				3		
12		2		1			62				2		
13	/		/				63				2 1		
14		/		/			64				2 1		
15	/		/				65				2 1		
16	/		/				66				2 1		
17		/		/			67				2 1		
18		/		/			68				2 1		
19		/		/			69				2 1		
20		/		/			70				2 1		
21		/		/			71				2 1		
22		/		/			72				2 1		
23		/		/			73			/			
24		/		/			74						
25		/		/			75						
26		2		2			76						
27	/		/				77						
28		/		/			78						
29		/		/			79						
30		/		/			80						
31		/		/			81						
32		2		2			82						
33		2		2			83						
34		2		2			84						
35		2		2			85	/					
36		2		2			86		/				
37		/		/			87		/				
38		/		/			88		/				
39		/		/			89		/				
40		/		/			90		/				
41		/		/			91		/				
42	/		/				92		/				
43		/		/			93		/				
44		/		/			94		/				
45		/		/			95		/				
46		/		/			96		/				
47	/		/				97		/				
48		/		/			98		/				
49		2		2			99		/				
50		2		2			100		/				
TOTAL IND.							TOTAL IND.	8		9			
TOTAL DEP.							TOTAL DEP.	57		87			
TOTAL CLAIMS							TOTAL CLAIMS	65		86			